



Please complete this form if you wish to transfer an existing plan to @sipp. If you are transferring more than one plan please use a separate Transfer In form for each transfer. In addition to this form your current scheme administrator(s) may require their own documentation. Please contact them for further advice.

PART A - PERSONAL DETAILS

MEMBER DETAILS

@sipp Member Number (if applicable)	<input type="text"/>		
Permanent Residential Address	Mr/Mrs/Miss/Ms/Other	Surname	
	Forename(s)		
	<input type="text"/>		
Contact Number	Postcode	<input type="text"/>	
	Tel	Mobile	Email
	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART B - TRANSFER DETAILS

Full Name of the Scheme you are transferring from	<input type="text"/>		
Name of the Trustee/ Scheme Administrator	<input type="text"/>		
Address	<input type="text"/>		Postcode
	<input type="text"/>		<input type="text"/>
Name of Contact	<input type="text"/>	Telephone Number	()
Your Plan Reference/ Policy Number	<input type="text"/>	HMRC Ref. No. (if known)	<input type="text"/>
Transfer Value (or estimate)	Non Protected Rights	£	Protected Rights
	<input type="text"/>	<input type="text"/>	£
Transfer In Specie?	<input type="checkbox"/> YES (See 3 below) <input type="checkbox"/> NO		

PART C - ASSETS TO BE TRANSFERRED

- A Cash
- B Property(ies) - A Property Questionnaire and a current valuation is required for each property to be transferred.
- C Other Assets

Please provide an up to date list of holdings from the current administrator. Where @sipp cannot accept any of the assets they would need to be sold before transfer could proceed.

Any cash fund transferred will be deposited in the member's SIPP bank account until instructions are received by @sipp to invest in other asset classes or deposit accounts.

PART D - BENEFITS

Please indicate which of the following statements will apply to the Transfer

- i) I have received benefits from the Transferring Scheme ii) I have not received benefits from the Transferring Scheme

PART E - TRANSFER PAYMENTS

1 REQUEST TO TRANSFER

I request that the administrator of the transferring scheme applies the whole of my available transfer value from that arrangement, including any part relating to Protected Rights benefits, to the @sipp Plan.

I understand that following the application of the transfer value, neither I nor my spouse nor dependents will have any further entitlement under the transferring scheme.

I acknowledge and agree that a copy of this request and discharge shall be binding as though it were the original.

I authorise the trustees, administrators or insurers of the transferring scheme to provide @sipp (Pension Trustees) Limited with any information it may request in relation to any benefits provided for me.

2 TRANSFERS INTO THE @sipp PLAN

I request that @sipp (Pension Trustees) Limited accepts the transfer payment from the transferring scheme detailed on this form, including any part relating to Protected Rights benefits.

I hereby request that the Trustee apply such transfer payment to establish 1,000 separate arrangements under the Plan.

Member's Signature

Date

For transfers made after the inception of plan - see below.

PART F - FINANCIAL ADVISER

Please give details of your Financial Adviser.

Adviser's Name	<input type="text"/>	FSA Number	<input type="text"/>
Company Name (block capitals)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Telephone Number	(<input type="text"/>)	Fax Number	(<input type="text"/>)

Fees Is your Financial Adviser to be paid an initial fee for this transfer from your @sipp trustee bank account?

YES NO

If YES please complete below.

Initial Fee Amount £ or % of transfer amount

Where an annual fee is being paid, it will continue to be paid at review date.

I confirm that the fee is to be paid from the fund in my @sipp trustee bank account and that I will ensure that cleared funds are available to pay the fee when due for payment. I understand that @sipp (Pension Trustees) Limited may make an additional administration charge if it has to refer to me for instructions on how to obtain funds to meet the payment of fees.

Signature

Date



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@sipp plc is registered in Scotland (Registered No. SC217126) and has its registered office at 58 Elliot Street, Glasgow, G3 8DZ and is authorised and regulated by the Financial Services Authority under Firm Reference No. 462907 and you can check this authorisation at www.fsa.gov.uk/register or by calling the FSA on 0845 606 1234.